

Pat Barker

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/854190

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| U.S. NATIONAL STAGE FEES | | | |
|----------------------------------|---|---|--|
| BASIC FEE | | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 |
| EXAMINATION FEE | | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE | | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS. | | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 8 | minus 20 = * | |
| INDEPENDENT CLAIMS | 2 | minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

| RATE | FEES | RATE | FEES |
|------------|------|------|------|
| BASIC FEE | | 300 | |
| EXAM. FEE | | 200 | |
| SEARCH FEE | | 400 | |
| X \$ 125 = | | | |
| X \$ 25 = | | | |
| X \$ 100 = | | | |
| + \$ 180 = | | | |
| TOTAL | | | 900 |
| OR TOTAL | | | |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|---|---|--------------------------|
| | | Total | * | Minus | ** = |
| | Independent | * | | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> |

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------------|------------------------|---------------------|------------------------|
| X \$ 25 = | | X \$ 50 = | |
| X \$ 100 = | | X \$ 200 = | |
| + \$ 180 = | | + \$ 360 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |
| OR TOTAL ADDIT. FEE | | | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|---|---|--------------------------|
| | | Total | * | Minus | ** = |
| | Independent | * | | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> |

RATE ADDITIONAL
FEE

RATE ADDITIONAL
FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than '20', enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than '3', enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.